



**Appendix A** (CA ARNG Pamphlet 608-24)  
**Operation Ready Families Program**  
**Family Assistance Specialist Assignment Sheet**



**All fields must be completed in order to be processed**

Date of Event: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Purpose of Event: \_\_\_\_\_

Sponsoring Command / Unit: \_\_\_\_\_

Event POC: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Event Location (Include ZIP): \_\_\_\_\_

Total Anticipated Attendance: \_\_\_\_\_

Select One of the Meeting Sponsors:

Select One of the Meeting Types:

**Subject Matter Experts:**

JAG:

Family Assistance Network:

Strong Bonds Program (Chaplain):

Tricare:

Resiliency Training (State Mental Health):

Dental Benefits:

Military OneSource:

CNG Educational Benefits:

Military Family Life Consultant:

ESGR:

Personal Financial MFLC:

Army OneSource:

Child & Youth MFLC:

VA Benefits Advisor:

Red Cross:

VA Medical Center:

Transition Assistance:

VA Vet Center:

CNG Child & Youth Program:

CDVA/CVSO:

EDD Resume Building:

Provide Family Readiness Handbook? Yes

**Email this completed Form to the Family Assistance Manager @  
Mandy.stanfill@us.army.mil**